



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Sentrix Pharmacy and Discount, L.L.C.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-16-3303-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

June 27, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The insurance carrier, Texas Mutual, failed to take final action within the 45-day period set forth in TAC §134.240. Specifically the claim was submitted on 3/15/16 and it was received by the provider on 3/21/16 ... and no action was taken on the claim. Sentrix resubmitted the bills for reconsideration on 5/6/16 and it was received by the provider on 5/10/16 ... Again, no action was taken on the claim."

Amount Sought: \$2,394.24

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Texas Mutual took no action on these submissions because it has no record of receiving them."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount Sought	Amount Due
March 11, 2016	Pharmacy Services - Compound	\$2,394.24	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §102.4 sets out the procedures for non-division communications.
3. 28 Texas Administrative Code §133.2 provides definitions of terms related to medical billing.
4. 28 Texas Administrative Code §133.240 sets out the procedures for payment and denial of an initial medical bill.
5. 28 Texas Administrative Code §133.250 sets out the procedures for reconsideration of a medical bill.
6. Submitted documentation does not include explanations of benefits dated prior to the request for medical

fee dispute resolution.

Issues

Did Texas Mutual receive medical bills for the services in question prior to the request for medical fee dispute resolution?

Findings

Sentrix Pharmacy and Discount, L.L.C. (Sentrix) is seeking reimbursement of \$2,394.24 for a compound dispensed on March 11, 2016. Texas Mutual argued in its position statement that it had not received billing. At issue is whether this dispute is eligible for medical fee dispute resolution.

To be eligible for medical fee dispute resolution, Sentrix must satisfy the requirements of 28 Texas Administrative Code §133.307 for the services in question. 28 Texas Administrative Code §133.307(c)(2)(K) states that:

the request shall include: ... a paper copy of each explanation of benefits (EOB) related to the dispute as originally submitted to the health care provider in accordance with this chapter or, if no EOB was received, **convincing documentation providing evidence of insurance carrier receipt of the request for an EOB** [emphasis added].

No documentation was found to support that Texas Mutual **received** the bills for the services in question or that Sentrix made a request to Texas Mutual for an EOB. For this reason, the division concludes that Sentrix did not satisfy the requirements of 28 Texas Administrative Code §133.307 and is therefore not eligible for medical fee dispute resolution for the service in question.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

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Signature	Laurie Garnes Medical Fee Dispute Resolution Officer	January 26, 2017 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.